

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
3/30/2010

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No 208901-07

☐ **Amendment** (Explain Below)

from 2/28/2010

through 3/27/2010

Date of election if applicable:
(Month, Day, Year)

4/13/2010

Page 1 of 3

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1323552

Treasurer (If recipient committee)

NAME OF TREASURER

Thomas W. Hiltachk

MAILING ADDRESS

COMMITTEE/FILER'S NAME

Putting Riverside First - Bill Emmerson for Senate 2010, funded by California Dental Association
Independent Expenditure PAC and California Real Estate Independent Expenditure Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 (916)442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 916-442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>Bill Emmerson</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>State Senator District 37</u>	SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT	OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
3/15/2010	Wilson Research Strategies, LLC Oklahoma City, OK 73116	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Polling and Survey Research	\$11,900.00	\$168,825.07
3/23/2010	Strong & Associates Incorporated Sacramento, CA 95811	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Campaign Literature and Mailings	\$3,655.00	\$168,825.07
3/23/2010	The Justin Company Sacramento, CA 95818	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Phone Banks	\$22,784.03	\$168,825.07

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COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT	OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
3/23/2010	Cardinal Communications Strategies, LLC Sacramento, CA 95825	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Phone Banks; Bill Emmerson; SD37	\$19,205.99	\$.00
3/23/2010	Meta Information Services, Inc. Sacramento, CA 95811	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Phone Banks; Bill Emmerson; SD37	\$606.21	\$.00

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FORM **465**

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1323552

SEE INSTRUCTIONS ON REVERSE

OF FILER

Putting Riverside First - Bill Emerson for Senate 2010, funded by California Dental Association Independent Expenditure PAC and California Real Estate Independent Expenditure

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.)	\$38,339.03
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) TOTAL	\$38,339.03

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

Registrar of Voters - Riverside County

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Riverside CA 92507

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/30/2010
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

By Hiltachk Hiltachk Hiltachk Hiltachk
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT